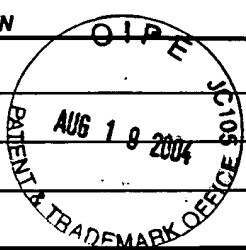


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION FOR UTILITY, DESIGN, DIVISIONAL AND CONTINUATION-IN-PART PATENT APPLICATIONS (37 CFR 1.63)		Mail Express Number	
		Attorney Docket Number	66745-45069
		First Named Inventor	Gatley, et al.
<input type="checkbox"/> Declaration Submitted with Initial Filing		COMPLETE IF KNOWN	
<input checked="" type="checkbox"/> Supplemental Declaration Submitted		Application Number	10/767,367
<input type="checkbox"/> Declaration Submitted for Continuation-In-Part Filing		Filing Date	January 28, 2004 
<input type="checkbox"/> Declaration Submitted for Divisional Filing		Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FURNACE BLOWER APPARATUS WITH REMOVABLE HOUSING SECTION FAN ASSEMBLY SUPPORT

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

January 28, 2004

as United States Application Number or PCT International

Application Number

10/767,367

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code Label

021888

OR ☐ Correspondence address below**Name** Joseph M. Rolnicki**Address** Thompson Coburn LLP, One US Bank Plaza**City** St. Louis**State** MO**ZIP** 63101-9928**Country** USA**Telephone** 314-552-6286**Fax** 314-552-7286

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) William Stuart**Family Name**
or Surname Gatley, Jr.**Inventor's**
Signature

William Stuart

Gatley, Jr.

Date 7-19-04**Residence: City** Cassville**State** MO**Country** USA**Citizenship** USA**Mailing Address** 401 Main Street, Suite E**City** Cassville**State** MO**ZIP** 65625**Country** USA**NAME OF SECOND INVENTOR :**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Rex Allen**Family Name**
or Surname Rothgangel**Inventor's**
Signature

Rex Allen Rothgangel

Date 8-12-04**Residence: City** Belleville**State** IL**Country** USA**Citizenship** USA**Mailing Address** 18 Threewood Drive**City** Belleville**State** IL**ZIP** 62220**Country** USA☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Joan Teresa		Richter	
Inventor's Signature <i>Joan Teresa Richter</i>		Date <i>8-12-04</i>	
Residence: City Breese	State IL	Country USA	Citizenship USA
Mailing Address 672 South 5 th Street			
City Breese	State IL	ZIP 62230	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Michael Lynn		Kennedy	
Inventor's Signature <i>Michael Lynn Kennedy</i>		Date <i>8-13-04</i>	
Residence: City Wheaton	State MO	Country USA	Citizenship USA
Mailing Address 417 Elkin Street			
Mailing Address			
City Wheaton	State MO	ZIP 64874	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

2211763 Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.